

For questions regarding contact: School Nutrition Team. 608-267-9228 **INSTRUCTIONS:** Complete and submit one budget form for each school participating in the Fresh Fruit and Vegetable Program. Fax to the number below.

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION ATTN: JESSICA SHARKUS SCHOOL NUTRITION TEAM P.O. BOX 7841 MADISON, WI 53707-7841

School Nutrition Team, 608-267-9228		Fax No.: 608-267-0363						
		I. GENERAL INFORMATION						
School Food Authority Scho		chool Building Name		Contact Person			Agency Code	
Wisconsin School District Ho		Hometown Elementary		Moryah Becker		12-3456		
Total Grant Award			Fax Area/No.			Telephone Area/No.		
\$2,500			(608) 267-0363			(608) 266-1924		4
Grant Period				Date Submitted				
Beginning Date Mo./Day/Yr.	Ending	ng Date Mo./Day/Yr.		Initial Request	F	First Revision	Second	I Revision
7/1/2009		9/30/2009		8/31/09		9/15/09	! ! !	
			II BUD	GET SLIMMARY				

**Budget:** Complete original budget request. Round budget amounts to the nearest whole dollar amount.

Item	Original Budget Request	First Budget Revision*	Second Budget Revision*	
Operating Costs				
Labor (Salaries & fringe benefits for food preparation employees)	300	200		
b. <b>Training</b> (Training of food preparation employees)				
c. Food/Other (Fruits, vegetables, napkins, serving bowls, cleaning supplies, trash bags, delivery charges)	2,200	2,300		
Administrative Costs Cannot be more than 10% of total award.				
Labor (Salaries & fringe benefits for employees who administer program)				
b. <b>Equipment</b> (Purchasing or leasing equipment)				
TOTAL Grant Award	\$2,500	\$2,500	\$0	

\*Budget Revisions: Submit a copy of this page, with appropriate revisions included. Attach this to a brief letter of justification, Note: Submit request at least 30 days prior to expenditure of grant monies.

		III. DPI USE ONLY	
Approved Not Approved	Assistant Director Signatu	re	Date Signed Mo./Day/Yr.
Approved Not Approved	Assistant Director Signatu	re	Date Signed Mo./Day/Yr.
Approved Not Approved	Assistant Director Signatu	re	Date Signed Mo./Day/Yr.